

POSITION	ID NO.	DATE
CLASSIFIER	73	5/24/96
EXAMINER	OB	10/20/96
TYPIST	5660	6-15-93
VERIFIER	MN	6/25
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	5-27-97
Original	12/1/87
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
*	Restricted
N	Non-selected
I	Inference
A	Appeal
O	Objected

Claim	Date
51	4-21-87
52	5-
53	5-
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